OCCUPA PHYSICIANS should Every item Village or City Jo Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word PERMANENT Widow ACTL FOR BINDING classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EX 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS tha stated I day ... SI or \_\_\_\_ min. Trade, profession, or particular kind of work done, as SPINNER, -THIS OCCUPATION TARGIN RESERVED Jo SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may pluods UNFADING INK-11. Total time (years)
spent in this
occupation See instructions on 10. Date deceased last worked at this occupation (month and that 12. BIRTHPLACE (city or town) (State or country) mation should be carefully supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town)\_ CAUSE OF DEATH in plain (State or country) MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

inforstate

of

1. PLACE OF DEATH

County\_

STATE OF MARYLAND-CERTIFICATE

	St. Ward.
16	If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	(Month) (Oay) (Year)
	22. SI HEREBY CERTIFY, That I attended deceased from 8 22 - 1936, to 8 - 28 ,1936
1	I last saw he malive on 8 25 196 ; death is sai
-	to have occurred on the date stated above, at 1160m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	Mish selovo Anceses Date of one of
-	
	well ambles
-	
-	
-	Other Contributory Causes of Importance:
-	
-	
-	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
-	Accident, suicide, or homicide?
-	Where did injury occur? (Specify city or town, county and State)
-	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
- 1	Manner of Injury

Widnesday

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
0 7 77	July5,1927	Peritonitis	3 days ago
Cereoral nemorrnage	Acces		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

should state D. Every item of infor-Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. IS A PERMANENT properly classified. See instructions on back of certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PLA

FOR BINDING

IARGIN RESERVED

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-CP)
County ncul	Registration Dist. No. 203
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (dale Sabell Casey)	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mg/Mth)  (Day)  (Yeer)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Casey	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Fely 5 1867	i last saw here alive on aug 6 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 8 53 Pm.
69 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE LALVE .	Laucu of stowers Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Bate deceased last worked at this occupation (month and the company). Second in this countries of the company of the	chroy Eudo-My ozarditi
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Rock #all (State or country)	Other Centributery Causes of importance:
	C I i i i i i i i i i i i i i i i i i i
E Comment you was a second	gallbledderdueure
4 14. BIRTHPLACE (city or town) (State or country)	Namé of operation Date of
	What tast confirmed diagnosis?
15. MAIDEN NAME Lydia A. Iterus  16. BIRTHPLACE (city or town) Portfoliately  (State or country)	Accident, suicida, or homicida?
State or country)	Where did injury occur?
17. INFORMANT AMARIANTES (Address)	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Masky Surger Date My 7, 1936	Nature of injury
19. UNDERTAKER 4/ les Goodshill.	24. Was diseasa or injury in any way related to occupation of deceased?
20 EUED PMA 6 1021 MADIT BANADINE	(Signed) Allelt U. Burgard M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------------------------------	------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

(Address)

state

plnods

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8406
1. PLACE OF DEATH	
County Kent	Registration Dist. No. 202
Village or City Chestertown (16	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town whera death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME W. (2. Copper	
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STATES D. WIDOWED,	21. DATE OF DEATH
M. Wilowed (write the word)	(Month) (Day) (Year)
5a. If HUSBAND of Sellie C. Copper	22. I HEREBY CERTIFY, That I attanded deceased from
6 DATE OF BIRTH (month day and year) Jan 15.1862	I last saw h alive on A 1954 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at !!! A.m.
79 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of Importance
Trada profession or particular	ware as follows:
kind of work dona, as SPINNER, BANKER, SAWYER, BOOKKEEPER, etc.	Lor Curoma X Wir 162,V
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacasad last worked at this occupation (month and spent in this	a.a. (4/100)
SAW MILL, BANK, etc.	Primary Carechoma St. Ligar Contest
10. Data dacaasad last workad at this occupation (month and year) spent in this occupation crupation crupation	Duration i fisa months
IV A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME  14. BIRTHPLACE (city or town)  Coppus	) 494 8
14. BIRTHPLACE (city or town)	Nama of operation
	What test confirmed diagnosis? Was there an autopsy? Was the fallowing.
	23. If death was due to external causas (WOLENCE) fill in also the following:  Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (Stata or country)	Where did Injury occur? Well
17. INFORMANT Miss Palmer Catall (Address) Cheshedren Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chestin Cemetry Date \$/31, 1936	Nature of Injury.
19 HNDERTAKER Rolph H. Hailton	24. Was diseasa or injury in any way related to occuration of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	î li	Example II	
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Chronic interstitial nephritis SEP	1921	Run over by street car	1 week ago
Cerebral hemorrhage   SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m ż TION is very important. See instructions on back of certificate.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH

- 0	1	11	+ 4 /	
0	4	U	10	

1. PLACE OF DEATH	92-2
County / Yest Country	Registration Dist. No. 203
Village or City Poch Hall	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 24 7	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME W Shomas Copy	If U. S. Veteran, specify WAR
(a) Residence: No. Otach Vall, Mansky	Zst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR D (VORCED (purite the word))	21. DATE OF DEATH
Male White Widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cley Double Copper	august 14, 19 56, to Gus 23 19 36
6. DATE OF BIRTH (month, day, and year) Supt 5 /8 5-6	Hast saw has alive on Quenn 2 2 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 115 Pa.m.
79 11 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	were as follows: Oate of onset
sawyer, BOOKKEEPER, etc. Butcher	dron Endo- hur ocerditis
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Decompensation
work was done, as SILK MILL, Market	
year) occupation M-c	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country) / Lung Cu. Mary fand	artiriosdorous
13. NAME William Copper.  14. BIRTHPLACE (city or town) Western . Zent Co.	H5 furtension
14. BIRTHPLACE (city or town) Water . Kent a.	Name of operation
(State of country) Many Cand.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME - Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wastern of Stages Control of Control	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Janus Copper	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Poch Half Manyland	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Westing Chaple Date 8/25, 19-36	Nature of injury
19. UNDERTAKER Many D. Williams	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Chiefutin md.	If so, specify
20, FILED RANG 2 15. 19.34 May 7. B. 2 moderne	(Signed) Webert a Curyard M.D.
Registrar.	(Address) Ruck Halp hiel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11			
BUK			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCI

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 200 County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How tong tn U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. atton If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) much 5a. If married, widowed, or divorced **HUSBAND** of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS then to have occurred on the date stated above, et., 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Date of coset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. tndustry or business in which work was dona, as SILK MtLL, SAW MILL, BANK, etc.... 10. Data deceased last worked 11. Total time (years) this occupation (month en spent in this occupation \_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation.... (State or country) Whet test confirmed diegnosis? \_\_\_\_\_ Was there en eutopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury. 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

Registrar.

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Chronic interstitial nephritis CFP 3 1990	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		\$ 1. ph. 5	3	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20:00
County Newto	Registration Dist. No. 202
Village or City Il Kesterlaron	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Makel Louise Gee	
(a) Residence: No. Prosbush Che	startauman med
(Usual place of abode)	A. A If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of  (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7	20 19 10 11 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) - March 15-1932	I last saw h three on water
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	ware as follows:
Kind of work done, as SPINNER,   SAWYER, BOOKKEEPER, etc.	Fractive of Skull 186
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	Man, back of moving know
O 10. Date decaased last worked at this occupation (month and year) year)	which yas while packed
12. BIRTHPLACE (city or town) Deadnest	Other Coutributory Caused importance:
- (State or country) level Co right	/
II 13. NAME James Leers	. /
13. NAME  14. BIRTHPLACE (city or town)  Visite or country)	Neme of oparation Date of
(State of Country)	What tast confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Thangset There's 16. BIRTHPLACE (city or town). Harring for (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Legisland Date of injury 114 31, 1935
(State or country)  Alauran	Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mr James (Address)	Specify whether many occurred in Proposition, an Home, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury frantique of therel by deing region
Place Still Pond Date Delfy 2, 1936	Nature of Injury by a buch dewer by to Fall
19. UNDERTAKER BR. Helfour	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Address) Still found ma	If so, specify
20. FILED Sept 1, 1936 W.J. Sticks	(Signed) The Street Str
Registrar.	(Address) delle Control Control

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis CT 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY,

V. S. No. 1 N. B.

1. PLACE OF DEATH	(BI) 2/
County Ker V.	Registration Dist. No.
Village or City Millington, Mel.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurred 32yrsm	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME John H. Green.	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH aug · 28, 1936 (Month) (Oay) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	i HEREBY CERTIFY. That I attended deceased from 1926, to Org. 28-, 1926.
6. DATE OF BIRTH (month, day, and year) Sec. 13, 1878	Wast saw hairs alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.45 : Pam.
38 8 13 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:  Outs of onest
8. Yrade, profession, or particular kind of work done, as SPINNER, Lalurer SAWYER, BOOKKEEPER, etc.	Orting selection Meffector 1928
SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacaased last worked at this occupation (month and spent in this securation (month and spent in this	Circles Humanlege 8/27/31
10. Data dacaased last worked at this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Blue (State or country)	Other Coetributory Causes of Importance:
13, NAME Turkon.	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation
I 15. MAIDEN NAME TURSON '	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Saroh. Green. (Address) 245/mc Chillol Sy. Bulto m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place rullingtin - rul Date aug. 30, 193	Manner of Injury
19. UNOERTAKER John J. Lobin Len. (Address) millingto med.	24. Was diseasa or injury in any way ralated to occupation of deceased?
20. FILEO. S. 12.9 , 193 C Mr. Brian Registrar.	(Signed) Musik Price M. D.  (Address) Mullineth Ma.
If more blanks are meded, address State Registr	ar. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
-------------------------------------------------	--------

V. S. No. 1 N. B.—V

1. PLACE OF DEATH County	+	Registration Dist. No. 201
Village or City		No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (a) Residence: No.	lean Honston	If U.S. Veteran specify WAR.
(a) Residence. No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  O.	5. MACHE, MARRIED, White the word)	21. DATE OF DEATH 8 9 193 56 (Month) (Day) (Yaar)
5a. If married, HUSBANO of Ann	ie Honston	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 5 9 m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trada, profassion, or particular kind of work done, as SPINNER, SWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and	Cabrer	Degamie Suart bouble Outrofonset
SAW MILL, BANK, etc	11. Total tima (years) spent in this occupation	Other Contributory Causes of Importanca:
(State or country)  13. NAME  /fen	ry Honaton	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Ment G.	Nama of operation Date of Was there are autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Addrass)	Kent G Kent G Kent G i Houston	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Programme Comments	Ap Data 8/25,19,36	Mannar of injury
19. UNDERTAKER (Addiass)  20. FILED LY 24, 193 C	Helaila Resistant	24. Was diseasa or injury In any way related to occupation of daceesad?  If so, spacify  (Signad)  M. 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP S. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 8411
1. PLACE OF DEATH	(a) (a)
County Kent	Registration Dist. No. 203
D . 11 11/11	
Village or City ROCK HUCC	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
12 2 1	
(a) Residence: No. Rock Hall	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH QUENTS 8Th
fell. Mu. widowed	(Month) (Dey) (Yeer)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph Minney	22. I HEREBY CERTIFY. That I altended decessed from
2 . 6 . 11 . 1011	, 15, 10, 19, 19
6. DATE OF BIRTH (month, dey, end year) March 14 184	4.000
7. AGE Years Months Deys If LESS ther	and the state of t
89 4 25 1day,	were es follows:
8. Trade, profession, or particuler	chron Endo-my ocarditis Oate of onest
kind of work done, es SPINNER, Housework SAWYER, BOOKKEEPER, etc.	
9. Industry or business In which work wes done, as STLK MILL,	old asc.
SAW WILL, DANK, etc	••••
10. Date deceased lest worked at this occupation (month and 1936 11. Total time (yeers) spent in this	
yeer) occupetion	
12. BIRTHPLACE (city or town) Germany	Other Coutributory Causes of importance:
(State or country)	
13. NAME	
(State or country)	Neme of operation Dete of
WA KUUUU	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
E (Stete or country)	Where did injury occur?
17. INFORMANT Mrs about	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Varrent Hall me)	
18. BURIAL, CREMATION, OR REMOYAL	Manner of Injury
Place Make Deto Man. 10, 193.	5- Neture of injury
My Soul	necute of injury.
19. UNDERTAKER WM: Total	24. Was diseese or injury in any wey related to occupetion of deceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
BUHEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

ITION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

PHYSICIANS should state

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

0	1	á	6)
0	4	1	4

1. PLACE OF DEATH	B
County Kent Kounty.	Registration Dist. No.
Village or City Mongone	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsdsds.
2. FULL NAME Lizzie Herry	If U. S. Veteran, specify WAR
(a) Residence: No. They mu. (Usug/place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  Manual	21. DATE OF DEATH  August 3/ (Month) (Day) (Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Pobut Human	22.   HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Bays If LESS than 1 day,hrs	I last saw h alive on 2005 & 6 , 1936; death is sail to have occurred on the data stated above, atm.
8 Trade profession or particular	ware as follows: The proof feel Date of ones
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and).	
this occupation (month and 1936 spent in this life year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
1 34 61	
13. NAME ful Thans,  14. BIRTHPLACE (city or town) 1 Line (State or country) Mayland:	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Junitta Pinne 16. BIRTHPLACE (city or town) / Kint Cu.	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Kint Cu.	Accidant, suicide, or homicida? Date of injury
7. INFORMANT 9 Am Cotton	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Marque and Date 9/2/36, 19	Menner of injury
19. UNDERTAKER Maning y. Williams	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Sept 1, 1936 MBelails. Registrar.	(Signed) A Company of the Company of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/R = 9 1030	1/1		
Other contributory causes of importance:	3.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
-------	----	-------	------	--------	-------	----	-------

STUB	1	"
84	1	6)

1. PLACE OF DEATH County Kest	Pegistration Dist. No. 202
Length of residence in city or town where death occurred.	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of ab	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	
3. SEX  4. COLOR OR RACE  5. STORY  WILDING	WIDOWED, ize the word)  21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If midd, widowed, HUSBAND of Amenda Sch	22. J HEREBY CERTIFY, That I attended deceased from
16 2 2 c	I last saw house alive on 5 — 6 — 1936; death is said to have occurred on the date stated above, et f. 4 — m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of once
8: Trade, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month end year)  11. Total time (spentin year)	his Colored
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State of Country)	What test coofirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
19. UNDERTAKER Response to the sellow	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED aug 6 - , 1936 W V Hi	Registrar. (Address) Places to town M.

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11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other anti-butory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8414
1. PLACE OF DEATH	- Mid
County Treat	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Gladys Victoria	Scott If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If uouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Qua, 13, 1936	
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at \$.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows: Indialog Tembellus Date of onget
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Davis Till (Stata or country) Tud.	Other Contributory Causes of importance
# 13. NAME Propert Scatt	
13. NAME Roger Scott  14. BIRTHPLACE (city or town) Wear Tremodujille (State or country)	Name of operation Data of Data
	What tast confirmed diagnosis? Was there an autopsy? Was there are autopsy?
15. MAIDEN NAME Yeace & ligabeth Course 16. BIRTHPLACE (city or town) 18 lacks Station (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  Where did injury occur?
17. INFORMANT Loger Scott (Address) Willington, Md. Tr.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Davis 74ill Date Grag 23/, 19.36	Mannar of injury
19. UNDERTAKER John J. Toling Son	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Ang. 23; 19 36 Ellewith Bree.	(Signed) All Meller M. [ (Address) Asserted as 10%

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as glocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1/8	2)			
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	93-0
County/Lend	Registration Dist. No.
Village or City Clesterboon	No. Cannon St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry W. White	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. MARRIED: Washington, Charles the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, with HUSBAND of Ella Hora White	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) apr. 30, 1873	I last saw h 4 alive on Olas 4 4 1, 1936; death is said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at 1:00 cm.
63. 3   5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No. Frade, profession, or particular kind of work dona, as SPINNER. Retried Farmer SAWYER, BOOKKEEPER, etc.	Myocard in 1
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spe	Agueration
year) occupation  12. BIRTHPLACE (city or town) Kent G, (Stata or country)	Other Coutributory Causes of importance:
II 13. NAME	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of oparation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabet 1040	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicida?
State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus. Ella Juria White (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALL Place Clistic Committee Date 8 7, 1936	Manner of injury
19. UNDERTAKER Rolph H. Mailton (Address) Chestertown, md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 6 -, 1986 UT Hicks Registrar.	(Signed) Allaged James M. D. (Address) Checkertown, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ment of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEF	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Henry Smirty	Registration Dist. No. 202
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. ( Christistain Haryland (Usual place of abode)	If U. S. Veteran, specify WAR.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Clerg 20 , 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Charles Henry Willen	22. THEBEBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, end year)	I lest saw h & alive on F V 6 16 19 36 deeth is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, et &
65? mbnom 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
Z Strade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cortie Insuff. 1935
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 1935)  11. Total time (years) spent in this occupation with the oc	
12. BIRTHPLACE (city or town) Stall Ponch.  (State or country) Wint W. Many Pan d.	Dther Contributory Causes of importance:
13. NAME anhom.	
13. NAME    14. BIRTHPLACE (city or town) Under the country)	Name of operation Date of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME unhom.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT James P. Wilson (Address) Therefore man for d	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Charles Com. Date April 22, 1938	Manner of Injury
19. UNDERTAKER Masain V. Williams (Address) Charles Many Land	24. Was disease or injury in any wey releted to occupetion of deceased?
20. FILED aug 22, 1936 W.J. Thecks Registrar.	(Signed) (Address) 338 Common St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis CED 2. 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	